

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gm		07-05-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	897	10-18-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	12/16/01
2	12/16/01
3	12/16/01
4	12/16/01
5	12/16/01
6	12/16/01
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49	12/16/01
50	12/16/01

Claim	Date
Final	
Original	
51	12/16/01
52	12/16/01
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100	12/16/01

Claim	Date
Final	
Original	
101	12/16/01
102	12/16/01
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148	12/16/01
149	12/16/01
150	12/16/01

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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